

CLAIMS ONLY				Application Number <div style="font-size: 1.5em; font-family: cursive;">10/046077</div>	Filing Date <div style="height: 20px; border: 1px solid black;"></div>		
				Applicant(s) <div style="height: 20px; border: 1px solid black;"></div>			
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
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47							
48							
49							
50							
Total Indep					9		
Total Depend					9		
Total Claims					18		